SECTION FIVE UNIQUE CARE AGREEMENTS, PROGRAMS FOR SPECIAL POPULATIONS AND SPECIAL NEEDS

I. UNIQUE CARE AGREEMENTS (UCA)

A. Approval

A UCA is a service available for children who need highly specialized residential treatment unique to the needs of a specific child. Service needs of the child MUST be of an extreme nature and the specialized clinical needs of the child are beyond the current scope of services. These services may be changed to tailor the treatment program for the special needs of the child. The treatment plan must be developed specifically to meet the needs identified in the child's permanency plan. All reasonable efforts at securing the necessary services were fully exhausted and a UCA is the only way in which the child can be served effectively. The Regional Psychologist must review and approve the medical necessity for the services prior to consideration of a UC. UCAs are only approved in 90-day increments.

B. Scope of Services

The Scope of Services for a UCA will be documented in the UCA justification form and attached to the provider's contract.

C. Utilization Review

All unique care agreements must be reviewed monthly through the Utilization Review (UR) process to assure the continuing need for the service, the effectiveness of the services in stabilizing the child, and whether all services are being delivered. The regional psychologist MUST be a part of the review and approve/justify the continuing medical need for services.

D. Monitoring

All UCAs, except mother/baby, will be monitored for service delivery by the DCS Office of Internal Audit, Inspector General Division on an ongoing basis. The monitoring will include, but not be limited to, a review of all services delivered, timeliness and consistency of services delivered. A report of their findings will be shared with the private provider, the Deputy Commissioner of Protection and prevention, Director of Medical and Behavioral Health, The Executive Director of Regional Support for the region affected, Director of CPPP and the Regional Administrator. Private providers will be required to develop a Corrective Action Plan (CAP) to remedy all non-compliant findings. Findings that indicate a failure to provide the specific services in accordance with the contract will result in a request for repayment of all non-delivered services.

II. SPECIAL POPULATIONS LEVEL II

A. Scope of Services

Level II Special Population is a structured group home, residential treatment facility, or wilderness program which provides structure, counseling, behavioral intervention, and other needs identified in a child's permanency plan for youth with moderate clinical needs. The youth do not attend public school in the community for specified treatment reasons.

B. Admission Criteria

1. The service is available to children, regardless of adjudication type whose relationship with their families or whose family situation, level of development and social or emotional problems are such that services in family or resource family would not meet the child's treatment needs, due to

supervision, intervention, and/or structure needs.

2. Programs are designed for youth in need of twenty-four hour care and integrated planning addressing behavioral, emotional, or family problems and the need for progressive reintegration into family and community living. Children in Level II Special Population have been determined to need a self-contained educational program (in-house school) by a Child and Family Team due to the clinical needs of the child.
3. Children may have completed higher levels or intensity of care and determined to be appropriate to move towards permanency.
4. Children may have history of truancy, zero tolerance and/or education failure.
5. Children may have a history of impulsive behaviors, alcohol and/or drug misuse, aggression, and moderate mental health treatment and intervention needs. Children may have patterns of runaway episodes, have difficulty maintaining self-control, display poor social skills, and/or have difficulty accepting authority.
6. Children in this level of care have behaviors, which can be treated in a non-secure setting with adult supervision and intervention.
7. Children in this level of care do not meet, on a consistent basis, the criteria for higher levels of care.
8. Children in this level of care may require outpatient therapy, medication, and medication management which will be coordinated by the agency and integrated into treatment planning.
9. Children with developmental delays are reviewed on a case-by-case basis to determine if the child could be appropriately served by the agency. A diagnosis of mental retardation is not used as a basis to refuse admission to a child when the child's behavioral issues fall within the Level II guidelines.
10. The agency may not reject children who fall within the scope of services.
11. Children who are ineligible for this level of care are those who have displayed major acts of violence or aggression such as rape, arson, assault with a deadly weapon, murder, or attempted murder, within the past six (6) months. They pose a significant risk to the community are not appropriate for this level of care. Children in this level of care are not actively psychotic, suicidal or homicidal.

C. Personnel

1. The agency will meet the standards outlined in Level II Residential.
2. The agency has the services of a licensed physician available on at least an on call basis to provide and/or supervise medical care.

D. Individualized Treatment Plans

The agency will meet the standards outlined in Section One, CORE STANDARDS, III,U.

E. Service Overview

1. The agency shall meet the standards set forth in SECTION ONE, CORE STANDARDS and Level II Residential.
2. The service is provided through a team approach. The roles, responsibilities, and leadership of the team are clearly defined and there is a system of task allocation among the team members for implementation of the treatment plan.

F. Service Components Provided within the per diem

The service includes

a. an individually planned group living program for the child; and

b. specialized services, such as alcohol and drug intervention, independent living skills training, as outlined in the child's permanency plan and/or treatment plan, to meet the child's individual needs, which are integrated with the child's daily living experience.

G. Education

1. Educational services must be met through the most appropriate environment to meet the educational and treatment needs of the child. This includes both general and special education programs. Programs must operate or subcontract a self-contained educational service. Providers of on-site educational programs must be approved as providers of this type of service by the Department of Children's Services. Any child receiving educational services in a self-contained (in-house) school setting must be approved for these services through a Child and Family Team Meeting, as outlined in Department of Children's Services Educational policy.
2. Agencies will appoint a local staff member to act as "school liaison." The agency school liaison will develop a collaborative relationship with the public school system to assist children/youth in maintaining positive and successful school experiences. The school liaison must be available during the school day to respond to public school inquiries.
3. Former school records are obtained promptly upon admission and up to date records are provided to the new school when the child is referred elsewhere.
4. Personnel from the residential center facilitate school transfers and provide consultation as needed to the professionals in off-campus educational settings
5. Agency provides tutoring; academic enrichment or other services needed for the child to successfully achieve educational goals.

6 Agency operates a self-contained (in-house) education program in full compliance with the Department of Education and the Department of Children's Services' educational policies.

H. Monitoring Progress

1. Special Populations Programs examine the need for and appropriateness of service for clients through a CFTM, at least quarterly or as determined by the team, reviewing:
   a. continued out-of-home care;
   b. efforts for family reunification; and
   c. the adequacy of efforts to preserve and continue the parent/child relationship when possible and in the child's interest.

I. Utilization Review

The agency will meet the standards outlined in Section One, I, F.

SPECIAL NEEDS PROGRAMS

III. SPECIAL NEEDS LEVEL II

A. Scope of Services

Level II Special Needs is a structured group home or residential treatment facility specializing in treatment of youth with both developmental delays and behavioral and/or emotional disorders. The program provides structure, counseling, behavioral intervention, and other needs identified in a child's permanency plan. Children and youth may, if appropriate, attend an on-site school approved by the Department of Education and the Department of Children's Services Educational Division.

B. Admission/Clinical Criteria

1. The service is available to children, regardless of adjudication type whose relationship with their families or whose family situation, level of development and social or emotional problems are such that services in family or resource family would not meet the child's treatment needs, due to supervision, intervention, and/or structure needs.
2. Programs are designed for youth in need of twenty-four hour care and integrated planning addressing behavioral, emotional, or family problems and the need for progressive reintegration into family and community living. Children in Level II Special Needs remain involved in community based schools where possible but may attend a self-contained (in-house) school if approved by a Child and Family Team meeting as the most appropriate educational setting.
3. Children may have completed higher levels or intensity of care and determined to be appropriate for transition towards permanency.
4. Children may have history of truancy but may be able to attend public school with liaison and support services provided by the agency.
5. Children may have a history of impulsive behaviors, alcohol and/or drug misuse, aggression, and moderate mental health treatment and intervention needs. Children may have patterns of runaway episodes, have difficulty maintaining self-control, display poor social skills, and/or have difficulty accepting authority.
6. Children in this level of care have behaviors, which can be treated in a non-secure setting with adult supervision and intervention.
7. Children in this level of care do not meet, on a consistent basis, the criteria for higher levels of care.
8. Children in this level of care may require outpatient therapy, medication, and medication management, which will be coordinated by the agency and integrated into treatment planning.
9. The agency may not reject children who fall within the scope of services.
10. Children in this type of service have developmental delays and require special programming to meet their individual needs.
11. Children who are ineligible for this level of care are those who have displayed major acts of violence or aggression such as rape, arson, assault with a deadly weapon, murder, or attempted murder, within the past six (6) months.

They pose a significant risk to the community and are not appropriate for this level of care. Children in this level of care are not actively psychotic, suicidal or homicidal.

C. Personnel

The agency will meet the standards outlined in Level II Residential.

D. Service Overview

1. The agency shall meet the standards set forth in Chapter One, Core Standards and Level II Residential.
2. The service provides group living experiences and a program of specialized services for each child accepted for care.

E. Service Components Provided within the per diem

1. The service includes
   a. provision for meeting the child's dependency and developmental needs;
   b. an individually planned group living program for the child; and
   c. specialized services, such as alcohol and drug intervention, independent living skills training, as outlined in the child's permanency plan and/or treatment plan, to meet the child's individual needs, which are integrated with the child's daily living experience.

F. Education

1. Children will attend public school or a Department of Education category I, II, or III approved school (in-house or private school). Educational services must be met through the most appropriate environment to meet the educational and treatment needs of the child. This includes both general and special education programs. Private provider agencies must operate or subcontract a self-contained educational service for those children requiring this service. On-site educational programs must be approved by the Department of Children's Services. Any child receiving educational services in a self-contained (in-house) school setting must be approved for these services through a CFTM, as outlined in Department of Children's Services educational policy.
2. Educational services are approved through the Tennessee Department of Education and Department of Children's Services, Education Division.
3. Agencies with group homes or residential treatment centers will appoint a local staff member to act as "school liaison." The agency school liaison will develop a collaborative relationship with the public school system to assist children/youth in maintaining positive and successful school experiences. The school liaison must be available during the school day to respond to public school inquiries.
4. Former school records are obtained promptly upon admission and up to date records are provided to the new school when the child is referred elsewhere.
5. Personnel from the residential center facilitate school transfers and provide consultation as needed to the professionals in off-campus educational settings.
6. Agency provides tutoring, academic enrichment or other services needed for the child to successfully achieve educational goals.

G. Monitoring Progress

Private Provider programs examine the need for and appropriateness of service for clients through a CFTM at least quarterly or as determined by the team, reviewing

a. continued out-of-home care;

b. efforts for family reunification; and

c. the adequacy of efforts to preserve and continue the parent/child relationship when possible and in the child's interest**.**

H. Utilization Review

The agency will meet the standards outlined in SECTION ONE, CORE STANDARDS.

IV. SPECIAL NEEDS LEVEL III (refer to SPECIAL NEEDS CONTINUUM)

V. SPECIAL NEEDS LEVEL IV

A. Scope of Services

Level IV Special Needs is hospital-based residential care, which is a physician-directed level of care focused on establishing the behavioral and emotional prerequisites for functioning in the most appropriate, non-hospital environments. It is a transitional level of care that a child may enter as a move towards permanency from an acute admission or as a temporary admission from a lower level of care for the purpose of emotional and/or behavioral stabilization. The child's treatment team under the leadership of the physician makes decisions regarding which clinical issues are addressed on the plan of care, the sequence in which they are addressed and discharge recommendations. The use of seclusion or restraint in Level IV programs shall be directed by a licensed independent practitioner and must be in compliance with applicable statutory, Department of Children's Services, licensure, CMS and accreditation requirements. The regional psychologist must approve all admissions of children in custody to a Level IV program.

B. Admission Criteria

1. Level IV Special Needs programs operated under terms of this agreement shall be designed to serve children in the custody of the Department of Children's Services (DCS) who do not meet criteria for acute psychiatric hospitalization, but who continue to require specialized mental health services which are highly structured, therapeutically intensive, and provided within a psychiatric facility.

2. Children comprising this population shall be dually diagnosed with an axis 1 diagnosis and moderate or severe mental retardation (I.Q. score of 55 or lower) and limitations in two (2) or more adaptive skill areas (communication, self care, home living, social skills, community use, self direction, health and safety, functional academics, leisure, and work). Children with a higher IQ and concurrent limitations in adaptive skill areas (communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, or work) may be inappropriate for admission and should be considered on a case-by-case basis.

3. Individuals with mild mental retardation (IQ below 65) and significant limitations in adaptive skills (lower scores on adaptive behavior measures of communication, self-care, or social skills than would be expected based on the I.Q. score) whose needs could be more appropriately met in a special needs unit than in a general Level IV Special Needs program may be considered for admission on a case-by-case basis. A child with any of the pervasive developmental disorders, i.e. Autistic Disorder, Rhetts Disorder, Childhood Disintegrative Disorder, Asperger's Disorder, Pervasive Developmental Disorder may be accepted on a case-by-case basis.

4. Children appropriate for admission to a Level IV Special Needs program are between the ages of six (6) to eighteen (18) years of age, (under six years of age, on a case by case basis) meet criteria for voluntary admission to a psychiatric hospital, have a DSM-IV clinical diagnosis, and have a documented need for brief hospitalization preparatory to entering the most appropriate environments. Children may display behavioral characteristics such as exhibiting self-harm, making suicidal threats or gestures, exhibiting psychotic behaviors, exhibiting assaultive behaviors, and behavior that may require limited use of seclusion or restraint.
These children may also have complex associated medical problems that require ongoing treatment and care. Some children admitted to Level IV Special Needs programs may require ongoing administration and medical supervision of psychotropic medication that will necessitate

ready access to appropriately licensed professionals, pharmacy, and laboratory services. Constant adult supervision and access to licensed mental health personnel are necessary in Level IV Special Needs programs.

C. Admissions Process

1. The regional well-being unit psychologists will conduct a case review including, when possible, face-to-face interviews with the child and his or her caregiver to determine the appropriateness of Level IV Special Needs services.
2. The psychologist will consult with the DCS FSW and resource manager about the appropriateness of Level IV Special Needs services.
3. The psychologist, family services worker and resource manager will jointly discuss the case with the Level IV provider and decide if the child is appropriate for a Level IV program. If deemed appropriate, an admission will be accomplished.

D. Family of Care

A Family of Care—biological, relative or resource—will be identified by the DCS FSW, regional resource manager and Level IV Special Needs staff prior to a child's entry into the Level IV Special Needs program or as soon as possible following admission. This is the family to whom the child will return after discharge. The family services worker, the Level IV Special Needs staff, the DCS regional psychologist, and the Family of Care will jointly construct a family integration/reintegration plan. This plan will include family treatment goals while the child is in the Level IV Special Needs setting, a statement of the child's strengths and how caregivers can utilize these strengths in helping the child adjust to a family environment, and to the behavioral and emotional issues that may arise in the home setting and how the Family of Care can deal constructively with them. Either in person or by telephone, the assigned therapist will meet with the Family of Care and DCS FSW within the first three days of admission and at least weekly thereafter or as recommended by the CFT.

E. Personnel

1. The service has qualified personnel who can meet the developmental, safety and therapeutic needs of the children and the families they serve.
2. Adequate care and supervision are provided at all times in accordance with children's developmental level, age, and emotional or behavioral problems. A greater adult to child ratio is available during periods of higher activity. Reference Providers Manual-General Program Requirements, Core Standards.
3. The provider agency has the services of a licensed physician available on at least an on-call basis to provide and/or supervise medical and mental health care on a 24-hour basis.
4. Depending on the needs of the children in care, the services of qualified professionals in various mental health disciplines, consultants and specialists in dentistry, medicine, nursing, education, speech, occupational and physical therapy, recreation, nutrition, and religion are available among the agency's personnel or through cooperative arrangements, and are integrated with the core services of the agency to provide a comprehensive program
    a. regular and specialized education,
    b. individual therapy by appropriately credentialed personnel,

c. group therapy by appropriately credentialed personnel,

d. family therapy by appropriately credentialed personnel,

e. activity therapy and

f. specialized treatment services as prescribed by the licensed psychiatrist in the treatment plan.

F. Individualized Treatment Plan

1. A treatment plan will be developed and reviewed with the regional psychologist.
2. The regional psychologist will be present, in person or by telephone, at the child's initial treatment team meeting. If the regional psychologist cannot be present upon notification from the provider, he/she will be provided the opportunity for input prior to the initial treatment team meeting.
3. The treatment plan will contain a family integration/reintegration plan as outlined in the above section. It will also contain a statement on family participation that outlines the frequency of family visits, the conditions of those visits (e.g. supervised, unsupervised; on campus, off campus, day or overnight), and how transportation or communication difficulties will be addressed.
4. The child's treatment plan will include a specific strengths based family integration/reintegration treatment plan. It will also include guidelines for family participation while the child is at the facility. These family participation guidelines will contain frequency of family visits, whether visits are supervised, and location of visitations. Family counseling and family visits shall not be contingent on the child's behavior.
5. Within three days of admission a preliminary discharge plan will be drawn up through collaboration between the regional psychologist and the clinical director of the Level IV Special Needs provider agency. This discharge plan will contain an estimate of the length of stay and discharge goals.

G. Service Components Provided within the per diem

1. Service Components Required of All Level IV Special Needs Programs:
   a. twenty-four (24) hour awake staff
   b. comprehensive assessment of the child (Coordination of EPSDT screening and services psychiatric evaluation, Family Functional Assessment, academic history, behavior management system of behavioral goals, tangible and social reinforcement; including an individualized behavior support plan
   c. social skills training
   d. liaison/social services
   e. activity therapy
   f. daily living skills group therapy
   g. individual therapy
   h. family therapy
   i. psychiatric care
   j. discharge planning including an initial discharge plan developed within three (3) days of admission
   k. Tennessee Department of Education and DCS approved educational program

l. nationally recognized crisis intervention techniques

2. Service Components Required of Level IV Special Needs Programs When Indicated on a Plan of Care:
   a. psychiatric care which may include psychotropic medication management
   b. oversight and utilization of indicated medical care (including evaluation and treatment)
   c. psycho-educational screening to assist in addressing educational and placement needs
   d. Speech and language services
   e. Nutritional services

H. Education

1. Educational Requirements are for an In-house Approved School Site.
2. Educational Approvals are through the Tennessee Department of Education and Department of Children's Services, Education Division.
3. The agency will meet the educational standards set forth for Level IV programs.

I. Monitoring Progress

1. Progress reports will be forwarded to the DCS FSW, regional placement specialist and regional psychologist at 7-day intervals.
2. The regional psychologist will review the child's progress toward treatment goals and discharge goals at 14-day intervals. The agency will provide any additional information needed for this review.
3. The regional psychologist, in person or by telephone, will participate in the child's treatment review, nearest to the 14-day interval. The agency will coordinate with the psychologist for this review.
4. The regional psychologist will review serious incident reports and seclusion/restraint reports. The psychologist will consult with the Level IV Special Needs staff in cases where seclusion/restraint procedures appear to be excessive or where seclusion/restraint procedures may have violated DCS policy. All cases of seclusion and restraint that appear to violate DCS policy will be reported to the DCS Director of Medical and Behavioral Services for further review and corrective action when necessary.
5. The regional psychologist will review medication regiment of level IV children and submit to the DCS child/adolescent psychiatrist cases in which psychotropic medications might be excessive or cases in which the uses of psychotropic medications may violate DCS policy. The DCS staff will consult with the Level IV Special Needs medical director to determine what corrective action, if any, needs to be taken.

J. Discharge Planning and Discharge Criteria

1. A preliminary discharge plan with discharge goals and projected length of stay will be formulated in collaboration with the regional psychologist the educational specialist and when applicable, the well-being advocate representative and the Division of Mental Retardation Services within three (3) days of admission.
2. The provider will develop a preliminary discharge plan and schedule professional aftercare services inclusive of reentry/entry plan to transition into the receiving school system following the discharge staffing.
3. Discharge planning shall include a family integration/reintegration plan.